

HANSARD

NOVA SCOTIA HOUSE OF ASSEMBLY

STANDING COMMITTEE

ON

VETERANS AFFAIRS

Thursday, December 8, 2005

Committee Room 1

Veterans Affairs Canada – Atlantic Region

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VETERANS AFFAIRS COMMITTEE

Gerald Sampson (Chair)
William Dooks
William Langille
Cecil O'Donnell
Jerry Pye
Gordon Gosse
David Wilson (Sackville-Cobequid)
Harold Theriault
Stephen McNeil

[Jerry Pye was replaced by John MacDonell.]

In Attendance:

Darlene Henry
Legislative Committee Clerk

WITNESSES

Veterans Affairs Canada – Atlantic Region

Bernard Butler
Acting Regional Director General

Barry Gallant
Atlantic Association Regional Director General

Paul Brown
District Director of Nova Scotia

Gordon Thomas
Client Services Team Manager

Kim Cameron
Communications



HALIFAX, THURSDAY, DECEMBER 8, 2005

STANDING COMMITTEE ON VETERANS AFFAIRS

9:00 A.M.

CHAIR

Gerald Sampson

THE CHAIR: Good morning, everyone. I would like to call the meeting to order, and in the interest of efficiency I think what we'll have to do is the presenters can do their presentation within a 45-minute time frame and maybe answer questions. We are going to have to adhere to that as the Legislature sits at 10:30 a.m. and we would like to be out of here by 10:00 a.m. to give us at least a half-hour to get back to our respective offices and be ready to go into the House.

Having said that, I was pleased to have the Acting Director, Bernard Butler, come up and introduce himself, but for the members present maybe we would ask to have the presenters introduced.

BERNARD BUTLER: Thank you, Mr. Chairman. My name is Bernard Butler, and I'm the Acting Regional Director General for Veterans Affairs Canada. I'm absolutely delighted to be here this morning, and I have with me Mr. Barry Gallant, Atlantic Associate Regional Director General for Veterans Affairs; Ms. Kimberley Cameron is here from our communications area - she's going to help us with the technology of our presentation this morning; also with us is Mr. Paul Brown, District Director for Nova Scotia Veterans Affairs; and Mr. Gordon Thomas, who is Client Services Team Manager from our Halifax district office.

Mr. Chairman, first of all I would like to thank you for the opportunity to be here this morning, both to meet you and members of the committee and to provide you with an update on our programs and services for veterans. Let me begin by saying how impressed I am by Nova Scotia's vision in establishing this standing committee to examine and address matters of concern to veterans. I certainly would hope to see that that is a model followed in other areas.

Today I'm going to speak briefly about existing Veterans Affairs' programs and services which are available to the men and women who have served our country, and then Mr. Gallant is going to provide a detailed presentation which will address the five key new program elements associated with our modernization of veterans' programming.

Today the Department of Veterans Affairs exists to repay the nation's debt of gratitude toward those whose efforts have given us a legacy of peace and freedom and have contributed to our growth as a nation. We serve a diverse group of clients which includes veterans from World War I, World War II, and the Korean War, as well as former and still-serving Canadian Forces members. Our family of clients also extends to spouses, children, caregivers of veterans, as well as the past and present members of the RCMP, certain Allied veterans, and eligible civilians.

When the department was created many years ago its primary function was to care for veterans returning from the wars and to assist them with their re-establishment into Canadian society. This continued, of course, when Canadians returned from the Korean War. The initial re-establishment benefits and things like the Veterans Land Administration and War Veterans Allowance and so on, over time have given way to other programs as veterans became more established in civilian life.

Today the programs and services we have evolved basically to ensure that we've kept pace with the wartime veterans' changing needs. These include programs for disability pensions, veterans' allowances, pension advocacy, health care and commemoration. Our programs provide compensation for hardships arising from disabilities and lost economic opportunities, innovative health and social services, professional legal assistance, and recognition of the achievements and sacrifices of Canadians during periods of war and conflict.

In recent years, Veterans Affairs has witnessed a notable rise in the number of its Canadian Forces veterans and members who are contacting us for assistance; in fact, their numbers have increased 58 per cent in the past three years alone. We anticipate having over 58,000 Canadian Forces clients by the year 2013. Where we currently provide disability pensions to about 7 per cent of the total eligible Canadian Forces veteran population, that number is expected to rise to 11 per cent in the next five years.

For the past decade or so we have become increasingly aware that our existing programs and services are not meeting the needs of this younger veteran group, especially those who are medically releasing from the Canadian Forces. After a number of years of study and review, and a lot of patchwork changes to legislation and programs along the way, we determined that a completely new approach to managing these issues was required. It's certainly the mandate of Veterans Affairs Canada to ensure that these deserving Canadians get the support they need to spend their post-military years as productive and healthy citizens.

Their needs are different from those of our more elderly, traditional veteran. The average age of the releasing CF members is 36 years, an age when they and their families

need the assurances of a secure future. They need help as they transition from their specialized career in the Forces to civilian employment, and some of them require support to address chronic pain, permanent disability, the effects of operational stress injuries resulting from service to their country.

So the new Veterans Charter was passed by the federal Parliament on May 13th of this year. It's been developed to address the unique needs of today's Canadian Forces veterans, needs that are not being fully met by our existing programming. The new Veterans Charter, if we have to describe it in just a few words, is a wellness package. This suite of programs and services is tailored to the younger client, it's designed to provide Canadian Forces veterans with the best opportunity for a successful transition to civilian life which will benefit themselves, which will benefit their families, and which, by extension, will benefit Canadian society.

It provides a one-stop client-centred service with Veterans Affairs Canada case managers ensuring the needs of Canadian Forces clients and families are properly identified, that they're properly addressed, that there's appropriate monitoring and appropriate follow-up.

The new Charter has five key program elements: (1) Rehabilitation Services; (2) Economic Loss and Income Support; (3) Job Placement Assistance; (4) Health Benefits; and (5) Disability Award Program, which is a bit of a change from our traditional approach of providing disability pensions.

Coordinated case management is the key to the success of our new approach and it will tie all these services together and, in the process, offer veteran participants a greater sense of support, stability and continuity for themselves and their family members. One of the unique features of the legislation that we are very proud of is the ability to transfer some of those benefits to the spouse should the veteran be incapable of accessing them. For example, if a veteran is found to be incapable of benefiting from vocational rehabilitation and subsequent job placement assistance, those benefits can be transferred to the spouse, thereby supporting the veteran and the family unit.

In terms of consultation and implementation, just prior to tabling the legislation back in May, Veterans Affairs Canada held information sessions at six Canadian Forces bases in Canada, including CFB Halifax and 14 Wing Greenwood, to share details of the proposed suite of modernized programs and services. To date, the response from members has been essentially very positive. Now that the bill has passed into law, we are continuing our consultations and presentations. Our regulations were approved by the Treasury Board on November 28th, and they have been "Gazetted". We continue now to work on the internal policies and work processes to ensure that we will be ready for turn-on on April 1, 2006.

We have consulted with our war-era veterans organizations throughout the process of development and implementation of the Charter and we are pleased that they approve of

this long-overdue improvement for their modern-day military comrades. That said, I want to make it clear that the department is committed to ensuring that our traditional clients will continue to receive the full service and benefits that are available to them. They can rest assured their benefits and services will in no way be affected by the changes which are going to be brought about by modernization.

So with that, Mr. Chairman, and members, I'm going to turn the floor over to Mr. Gallant who is going to take you through a little more detail around the programs and services associated with our new Veterans Charter.

THE CHAIR: Thank you, Bernard.

BARRY GALLANT: Thank you. First of all, it's good to be back again. I'm one of the faces that seems to keep returning to you guys, so I'm very happy to be back and to be talking in more detail about the new programs. We, as staff, are very excited about this new change. We see it as a very beneficial change to take care of today's - as we're calling them now - modern veterans, our peacetime, still-serving and retired members. Any discussions I have had on a personal basis with members have generally been very positive, although of course they have questions and concerns.

Mr. Butler started us off by giving us a description of the VAC clients, which we have here on the first part of our slide and which we have included in your package. It's very important, as Bernard said, to remember our traditional veterans in this time of change. As your constituents, it's important for them to know that the department is fully committed to keep providing the services we've been providing to them and they still continue to be very near and dear to the hearts of staff in our department. So if you get that question, please assure them that our goal is to keep them in the forefront and continue to provide the services we have been. That is a concern of a lot of staff - that veterans don't see that happening. That's our pledge as staff, as well as the department's.

We can turn to the next slide, and these are the kinds of programs you're familiar with that we offer the veterans today. We offer a disability pension - a monthly cheque in the form of a disability pension. When individuals are having trouble making finances stretch far enough, we also offer allowances like the War Veterans Allowance to give income support.

We also offer health care, which includes health care for a pension condition which is a matter of right, which the pensioner gets, and no matter what that health care is, Veterans Affairs will pay for it if it's related to the pension condition. We also have health care programs under our Veterans' Independence Program, and various other programs that provide types of health care existing now.

What is the new Veterans Charter? As Bernard said, it's a number of new benefits and services that we're putting in place to keep pace with the needs of the releasing Canadian Forces members, which are new needs compared to our traditional veterans, but

in some ways are much the same as the needs that our traditional veterans had after leaving WW II. So you will see some similarities for those of you who have studied the benefits, post-war - you will see some similarities between these new programs and the programs that were in existence. That's the reason why we're calling it the new Veterans Charter.

It is the most sweeping piece of legislation that we've seen in the 60 years since the war - definitely in the 25 to 30 years that I've worked with Veterans Affairs. We haven't seen anything like this; it's a wonderful change we believe.

Also, as Bernard said, it passed in the House with unanimous support of all Parties in May 2005. I think that's important to know. I think all members of the federal House of Commons were in support of this bill and saw it as a good move forward. It does have the support of our political Leaders, for sure.

[9:15 a.m.]

What will it do? It will provide a one-stop, client-centred service area. What we see the department's role in becoming - or at least the field office which Paul manages and Gordon works in - they will be the site where the peacetime veteran will go and one of the staff there will be the case manager for this service. That case manager will be responsible for the services we have in our department and that the veterans' needs are provided for, but more importantly their role will now become one to go out to the community where we will have contracts with various government departments or agencies, and the person from our office will be responsible with the client to get those services.

So like the intense case management, we're seeing this as the area where a lot - not a lot, not the majority by any means, but a number - of our releasing members are coming back with illnesses where they can't cope on their own and they need someone to help them through the bureaucracy and the different health care areas out there. So that's what we're talking about when we talk about providing one-stop service.

This new program Bernard alluded to is also going to include the families much more. As we go through the benefits you'll see that. Before, we kind of could help families a little bit here and there. Now the staff will have a much greater range of benefits to use where they'll either be able to give to the spouse or to the children to make it a more comprehensive program.

Again, I talked about the service providers. It will focus on rehab and reintegration into civilian life. To be honest, our disability pension process right now goes on the fact that the sicker you are, the more money you get, and that's not a good incentive. It's not a wellness model, and although that pension will be grandfathered for anyone who's getting it now, in the new era, the pensions will be awarded in a different way, and we'll see that in a few minutes. So the focus will be from disability, to getting the person back into the workforce and being as productive a member of society as they can. We call those five new programs, programs of wellness.

When we started to talk, as Bernard said, we wanted to know why we would do this. Obviously, staff, veterans' groups and organizations, and veterans themselves were saying this is not meeting our needs - as a young person with the average age of 36, we have different needs than your 80-year-old traditional veteran. So it's there to meet their needs, the younger person's needs. If you talk to some of these people leaving the Forces, you will know that they all want to be productive members. None of them want to have a disability that disallows them to work. They all want to be contributing members of Canada. Our post-war programs, some of them we've let fade away. So the programs we needed, we no longer had the legislation for or they were so outdated that they weren't meeting the need of the new client.

As Bernard said, again, our CF members, the number of CF members releasing and those in need of help, the numbers are increasing. We keep sending our Forces overseas or in Canada to situations that are very traumatic for them and we're seeing, over the years, a lot of these frequent deployments are now starting to have an effect on members. As they come home to civilian life, those effects start to show themselves more and more. So that's part of the reason why we need to help them with different programs.

I talked about the grandfathering clause a little bit. Nobody will lose what they have now as a result of this new legislation. So you can assure your constituents that if they have a disability pension now, they'll continue to have that disability pension unless miraculously they get better or something happens like that, but if they have a pension, they'll continue to have that.

The applications for the new conditions will be processed under the new scheme, and any other program, including the benefits through the disability pension or any other program they're on now, they'll continue to get that program. So if you're in receipt of a program, nothing will be taken away from you. So that's the main word.

The biggest change for staff, and probably the biggest change for the clients as well, is the new program access. Well, the five new programs that we mentioned are the Rehabilitation Program, Economic Loss Program, Health Benefits Program, the Job Placement Program and the Disability Award Program. These are either totally new or they are versions of older programs that have been retrofitted. When you see the Economic Loss Program, you'll see some similarities with war veterans' allowance, for example, and some of the programs. So those are the new ones.

Our purpose for the Rehabilitation Program, which is the first program, is "To restore, to the fullest extent possible, the capacity and functioning of CF Veterans and their families; and to remove barriers to successful re-establishment." Again, this is a wellness program. It's a different kind of focus than what we had before. The program will consist of three stages or three pieces. First of all, there will be medical rehab. If a person has an injury, our role will be to stabilize physical and psychiatric conditions and restore basic functioning. So the department doesn't expect that because of these new programs someone is going to become better and start working within weeks of leaving their service - there

are a number of steps they will have to go through, and with their agreement the first kind of step would be on a medical rehab.

We also have an ability to do some psychosocial rehab to restore independence and to help them adapt to their disability. We're seeing more and more, a lot of injuries are trauma-related injuries and so there is a need to spend a fair bit of time with some members on this type of treatment. Once we have the physical and the mental stuff taken care of with the client, we will then start to move toward vocational rehab because some of the people coming out of the Forces, either their career in the Forces is not transferable to the outside world or maybe their medical situation doesn't allow them to do that career again. So, as a result, the department will now help them do some vocational training or whatever they decide they need to get back into the workforce.

Some of the features that the program has - it will have expanded eligibility and more flexible program access, and there will be no need to obtain a VAC disability award. Mostly your constituents will tell you if they wanted to get treatment for any kind of condition they, first of all, had to get a disability pension for that condition unless they were on something like the Veterans' Independence Program, which provided treatment otherwise, but if it was just the disability they had - if they wanted treatment for a broken knee, then they had to have a disability for a broken knee. This will take that kind of gateway away from the program.

Both individual and family counselling will be provided, which is a difference again because technically we took care of the veteran and we didn't do a lot for the families, but now we'll be able to counsel the spouse, or children, to help them deal with the veteran's issues as well. As we mentioned, the spouse will be able to receive vocational assistance and other rehab services if the CF member is unable to benefit from the program. I guess we just have to be clear there - it has to be that the member is unable to do it. If veteran X doesn't want to go to a rehab program just because he would rather sit at home and watch TV then, obviously, we're not going to be offering the spouse the ability, but if it was diagnosed that because of his mental condition he couldn't go and get rehab, then we would say sure, if Mrs. Veteran wants to go and take the training we'll gladly support her. So that's the difference in the new programs.

We often get questions from the members in particular about the SISIP, which is their disability program when they are leaving the Forces now. That's work with DND - it's a private insurance company, but it's part of DND's suite of services that they offer - we're working together very closely with DND to see that our programs don't overlap and cause duplication, and most of all that between the programs we don't drop somebody that should have gotten service and SISIP says no we can't do it and Veterans Affairs says no we can't. So we're working very closely with them to make sure that our programs complement their programs, and don't intervene where they don't need us.

The Economic Loss Program is new as well, and there are a number of different economic loss parts to it. We have it in singular at the top, but actually there are a number of ways you can get extra funds, and one is temporary earnings loss. That's if a person goes

into a rehab program they obviously need an income source while they're in that program, so while they are in there what we will do is, under the new program, pay up to 75 per cent of their salary - and that's the pre-release salary - to them while they're in rehab. Normally, and we don't have it there, experience has shown us that rehab can take, a lot of times, up to two years, so this is kind of what we're looking at - the person might have to be in rehab for up to two years and we would pay 75 per cent of their salary.

If, after rehab, that person is not able to work and it's for a medical reason they can't work, or if they have been trained as a coal miner, unfortunately, and they are in Cape Breton, they might not get a lot of work these days - so if for some reason it's outside of their own doing that they can't work, then we can extend that earnings loss up to age 65. But we would be talking to them - if it's because there's no work, then obviously we would need to be in consultation with the client to see if we could now train them as a banker or something, whatever they would want to do. There would have to be a willingness to work - the only reason they won't be excluded is if they can't work or if there's no work.

At age 65, we will also offer what we call the Supplementary Retirement Benefit. This person, you have to remember, is making 75 per cent of their pre-release salary, and they probably don't have any money to save and put into RRSPs or other retirement savings plans, so at age 65 if that person is still on the benefit we will give them 2 per cent of their earnings loss. So the money they made from us - say from when they were 45 until they were 65 they made a certain amount of money from earnings loss, at that point in time, at 65, we'll give them 2 per cent in a lump sum payment to help them get ready for retirement.

A Permanent Impairment Allowance is for those people who are severely disabled because of their service-related impairment. In recognition of their diminished employment potential and loss of career advancement opportunities, we will give them this allowance. Now this allowance is a monthly allowance that will be given only to those cases where the person is severely impaired because of their service - we're trying to keep away from the terminology of saying pension-related, and it's hard after 20 years.

In addition to all those, we also have the last Economic Loss Program, which is what's called the Canadian Forces Income Support Benefit. This is a non-taxable benefit for CF veterans who, after rehab, are not employed or who are employed in low-paying jobs. Remember when I said there's the guy who's off rehab and is not working? Well, if they're not working and they can't find work, we can also offer them this program which will help them. Again, it's not based on their salary, it will be a set rate. For those of you who are familiar with the War Veterans Allowance, it's that type of program that will be income-based and it will be available to members who just can't find a job and can't get ahead.

Then we move away from the economic programs to the Health Benefits Program. As I said earlier, the same programs are going to be there now that were there for the existing veterans, but there will be some new ones as well. To provide health care coverages to CF veterans and families is our goal - and you'll notice that the families are in there now, which is a bit different than what we had before. VAC will continue to

provide treatment, and that's for any condition they receive a pension payment for - they will continue to provide that treatment and they will continue to receive the Veterans' Independence Program, and we will still have the long-term care, like our Camp Hill program, based on pension entitlement.

The new part is the supplementary health benefits. These benefits will be from VAC and they will cover veterans after they're released. It will cover their families and it will also cover the families of serving members. As you know, serving members now, their health insurance is based on the member himself, or herself, and not their family - I'm right on that, I hope. So what this program will do is it will be a program much like we as federal public servants have now, where you pay contributions and you will get a health insurance plan at a much reduced rate because you're part of a group plan. It's similar in that way, it will provide family coverage, it will be premium based, and you can continue to buy it after retirement. So it has all those features to it.

[9:30 a.m.]

There is a glitch in the CF veteran one now. If you were voluntarily releasing, or if you are medically released before 10 years of service, you couldn't buy into your medical plan. This doesn't have any of those age limits or time limits on it. So if a person retires after five years from the Forces and needs the health care plan, they'll be able to buy into it. There will not be any restrictions - you had to be in 20 years, 30 years, that kind of stuff.

Job Placement Program. Of course the purpose of this program is to help CF veterans enter the civilian workforce. Our approach with this is that we can't, as a department, do this on our own. It will be a contracted-out service that our department will manage. As I said earlier, the case manager will be responsible to see that the person, the veteran, who needs this program, gets access to it. Then we will monitor it from our offices. The program delivery will be other people who will be doing that. At this point in time we're in negotiations with DND and with what we now call Service Canada, at the federal level, which was the old HRDC department. They are the people who will most likely be delivering this part of the program, but we will be there with the veteran to make sure that they are getting what they need.

It will include job search and training for job search. It will include active job search assistance, which are things that HRDC and the DND people do now. Those are the main components to that.

THE CHAIR: Mr. Gallant, if I just might interrupt you. The service that you are going to contract out, will they contact the present veterans, or will the veterans have to get an application and apply in order to initiate the service, or will they take it upon themselves - this is a new program - to go out and search for the veterans who qualify? How are you going to deliver that program?

BARRY GALLANT: No, unfortunately they won't be doing that. That's part of the reason why we're here today and part of the reason why I talked to the press before we

started. It's our job, as Veterans Affairs, to get the word out there that these programs are coming April 1st - and I will talk a little bit about that later - but we have been involved in going to bases already. Our concern is a little bit about the people who are retired and who have no interaction with either the legion or with any kind of connection to their base where they served, or to their fellow servicemen and servicewomen. So we have to get the word out there. That will be our job. As far as I know now, we will not be going out proactively saying, you served, you should come and see us; or definitely HRDC, we have no expectation that they would do that. That will be our role as Veterans Affairs.

THE CHAIR: So the recipients will have to apply in the usual manner?

BARRY GALLANT: That's right.

THE CHAIR: Thank you.

BARRY GALLANT: The Disability Award Program. This is the one that's changed and this is the one that sometimes causes concern on the base. If you're going to get a concern from a constituent, it probably will be around compensation for personal impact of a service-related disability. What the new program will do is offer the person who is injured a lump-sum payment for their injury and for their pain and suffering.

The other programs we talked about earlier, the income-support programs, they will provide a monthly income to the person who needs it. What this does is that provides a lump, one-time payment for that injury, or if they have psychological injury, same thing. So what we'll do is assess it, much the same way we are assessing the injuries today. The only difference will be, at the end of the assessment, they will be awarded a cheque which will be in the amount connected to their disability. The maximum is \$250,000, which would be 100 per cent disability. So if they got 50 per cent, then they would get a lump-sum payment for \$125,000, which is 50 per cent of this.

JOHN MACDONELL: Is it either/or that you get the cheque, but you can't qualify for any other program for income loss?

BARRY GALLANT: No.

JOHN MACDONELL: So it's one or the other?

BARRY GALLANT: No. You get the cheque and that becomes your recompense for pain and suffering. The next day you can come to the office and you can say okay, I have a rehab need, and if through all the assessment yes, you do and you want to go on the rehab program, you go on the program and we'll still give you 75 per cent of your pre-release salary until you're done in that program. This does not come into it, this a separate award for pain and suffering, but what we're not doing when we do this \$250,000 is we're not giving you a disability pension cheque like we did before.

It's important to note that all the guys getting that disability cheque now are grandfathered. They will continue even if the guy gets his first award tomorrow, until April 1st. If he, or she, gets an award they will continue to get that award after April 1st. The difference in the wording is after April 1st we're calling it a pension award and before we were calling it a disability pension - today's term is a disability pension, but April 1st it will be a disability award.

THE CHAIR: Mr. Gallant, maybe I'll interject and ask the terrible "t" word - this \$250,000 maximum, is it taxable?

BARRY GALLANT: No.

THE CHAIR: You also stated there was a lump sum payment when you reach age 65 of 2 per cent of your earnings - is that a taxable amount, that one lump sum payment?

BARRY GALLANT: My experts say it is.

THE CHAIR: That 2 per cent is taxable, but this pain and suffering one is not. Okay, thank you.

GORDON GOSSE: If somebody is on a pension award, collecting that right now, would they be eligible to apply for this new Disability Award Program if they're already on a pension? Say they served in Bosnia or Afghanistan and they're on a disability pension right now, a monthly income pension, would they be able to apply for this after April 1st?

BERNARD BUTLER: They will be able to apply for new medical disabilities that may arise, but they cannot convert the existing monthly benefit into an award. So if they're pensioned for a knee problem today and they receive a monthly benefit, that will continue after April 1st, but if they develop a new medical disability after April 1st, then they will come back and apply under the new program.

GORDON GOSSE: And the medical disability related to service in the Armed Forces . . .

BERNARD BUTLER: Yes, right.

GORDON GOSSE: Thank you.

BARRY GALLANT: The next slide is Family Support. For those of us who have worked around the department for a number of years, this has made us very happy. The department has been excellent to veterans and to families to a certain extent, but this brings it even further.

First of all, the families will be eligible for health coverage. They'll be able to pay this premium which will be a fairly reduced premium and they'll be able to get a health coverage plan. Families will be included in the rehab counselling or counselling for other

members' issues. If a person has an issue they need to see a counsellor about and the spouse should be there, then we'll pay for the spouse to go. If the spouse needs counselling on their own for some reason, then they can go as part of the family unit - we will provide that more-rounded counselling rather than just seeing the veteran themselves.

As we said a couple of times, the spouse will have access to rehab, vocational assistance and job placement benefits when the veteran cannot participate.

Child care assistance. If the veteran or the spouse is going to these training programs, rehab programs, and they have young children at home, we'll pay for child care while the person is on rehab training.

This slide here looks really confusing, but it explains one of the big changes in the whole process. The whole change, that one is the one I referred to, the pension application. If you look at the top of the slide, we start with CF Member and the new suite of services are pretty well in the middle of the slide. So if we start with the CF members, they're released, then they go and see one of Mr. Brown's staff, or staff in the Halifax office or from the Sydney office, and they will have what they call a transition interview, which will be fairly complex in that it goes through what are you doing, what are your physical issues, what are your mental health issues, are you able just to go and get a job, you don't need us - that kind of thing.

So we'll have an interview with them which will be kind of a stepping stone from their service to their new civilian life, and in that interview we will determine with the client where they need to go. Everybody who transitions goes - on the slide - to Routine Transitional Needs, Non-Service Related Rehabilitation Needs - and if they have those types of things everyone who releases will be given an offer for Case Management Services. They will be offered counselling in the following areas, including cultural transition training and job placement - so Training Referrals and Job Placement - and everybody will be entitled to that if they want it.

If they say they don't need Veterans Affairs right now, see you maybe in 20 years, then off they go. If they're medically releasing, or if they have what we call a service-related rehab need - it does not have to be a pension condition. So if they're not pensioned, if they can show us in their file, and we'll help them get that documentation, that because they were in Bosnia - they're not getting a pension but they did see some trauma and they can't get through that, and they don't want a pension for it, then we can help them with that as well. So if either their medical releasing or they have that need, then they go into what we call the full level of services.

First of all, they'll get somebody assigned to them in the district office who will help them manage the case. They'll be offered rehab - all different types of rehab - they'll be entitled to loss of earnings, income support which also, like the short term while they're on rehab and the long term if they can't get a job because the rehab wasn't successful. If they're really severely disabled, they can get permanent impairment allowance and health benefits. So they get the whole suite of services if either they're medically released or they

have a need that we can identify to their service - and they don't even have to be pensioned for that need.

Then the other line on the slide you see is CF Member, and go down to Service related disability? - this is where we get the disability award. So if the person comes in at either that transition interview or he comes in just off the street and says I have a disability that's related to my service, it doesn't impede any of that stuff happening in the middle and none of that stuff in the middle has any effect really on the pension application. So now, like I said, if we have a pensioner come in, we've got to wait until we get a ruling from head office saying this guy in fact has a pensionable condition and here's how much money we're going to give him, and then we can start treating him for that pension condition. Now, if he applies, that becomes a separate process - we'll still do it at our district office, it will still go to head office, it will still get ruled on there, but in the meantime we can be doing all the other things while he or she waits for that news. So that should speed service up.

[9:45 a.m.]

BERNARD BUTLER: If I might just add to that, Mr. Chairman, and members, one of the key pieces of that simple slide, if you will, is that every member who leaves the Forces is going to be offered that transition interview and so we will avoid those cases that I'm sure you've heard of over time where, for whatever reason, a member might slip through the cracks and end up being in a very difficult circumstance. But what we are doing now is virtually every member is going to have that opportunity for that transitional interview, that assessment, that screening that will be done, and then they will be programmed and directed and case managed through this whole suite of benefits.

So to go back to one of your earlier questions, Mr. Chairman, on the job placement piece - hopefully there will be nobody, certainly of existing members, who will come out of the services and not understand fully and be fully counselled and assisted in terms of all of these programs, including job placement. So that's just a very important consideration for you to know in terms of the extent to which we are going, to work with our members and to work with veterans in terms of helping them with rehabilitation and adjustment.

BARRY GALLANT: The chairman just gave me a little warning about time, so I'm going to skip through the next few slides here. You have them in your deck, and it will probably be hard for Kim to keep up with me.

A couple of the issues that have been raised around the regions, and I think maybe it was even raised at this committee at one point in time, is how are we going to do all this with the staff that we have? We've been training staff since about August. As we said, the bill was passed in May, so we started in July or August talking to staff about what was coming down the line. We've had informal training during the Summer, and in September we started formal training, which is going on today as we speak, all over the country. That will continue well into March and April.

We're implementing April 1st. Will everything be 100 per cent ready April 1st? We don't think so, but we'll be able to offer each program. What it will mean is that staff might have to work around computer systems that don't connect to HRDC yet, that kind of thing. We do anticipate some hitches at the beginning, but those will be worked out quickly. We're hoping that shortly after April everything will be 100 per cent in place.

What we're doing is training staff - what they will be doing when the programs are all working 100 per cent. We're also training them on what they will have to do to get ready for April 1st. We're writing the policies now. We have done some hiring. I was on interviews this week to hire a rehab specialist who will help us with this stuff. We'll have one in each region, we'll have one here in Halifax. We will also have a mental health specialist here in Halifax who will be advising staff. These two people won't be doing treatment, but they will be on board to help staff with the difficult cases that we've all had to manage, and you, as MLAs, had to refer to us. Those are the things that will take place between now and then.

When we're getting into this, what we want to do is make it seamless to the client as well. If we don't have everything 100 per cent, our goal is that the clients won't see that. We'll make sure they get the programs they need, they get the services they need and, internally, we'll deal with those issues.

As far as we're concerned, April 1st, we're able to go. We'll be able to have clients come into our office and get the services that we're promising them. I know there were concerns around staffing, all that kind of stuff, but we hope we have that licked. I'll turn it back to you, Mr. Chairman.

THE CHAIR: Mr. Gallant, it's been an excellent presentation. I can see the amount of work that has gone into it and, as you said, a long time coming.

JOHN MACDONELL: Thank you, Mr. Chairman. My name is John MacDonell, I'm the MLA for Hants East. I'm not a usual member of this committee, I'm here for my colleague, the member for Dartmouth North, Jerry Pye.

I found your presentation - at least the part that I caught - very helpful. I have five Legions in my constituency. A very active group of people, I must say. I'm not sure if it's clear to me about what you're showing us today in terms - it makes me think that these are for Armed Forces personnel who are leaving the Forces. I'm wondering, does any of this apply to WW II vets?

BARRY GALLANT: No. We talked to veterans' associations about that at a national level and a local level. The service dates you need to have to get into these programs are post-WW II to Korea, excluding Korea, then after Korea. If you were in the service in the 1950s, outside of Korea, then you can apply for these benefits, but WW II veterans won't be eligible for the programs.

JOHN MACDONELL: The program that gives the earnings loss, up to 75 per cent, I'm just curious, are those people able to do odd jobs to supplement that income? Are they clawed back? Are they able to keep anything that would bring them up to the 100 per cent level if they did that on their own? Is that possible under this program?

PAUL BROWN: Well, we have to keep in mind that's income, as noted.

JOHN MACDONELL: They have to declare it as income, but I'm wondering, would the program claw it back in any way?

PAUL BROWN: That would not be our understanding at this time. Again, anything they would be doing to supplement their income we know they would declare it and this is a taxable benefit as well. Therefore, it would all go to - our tax department would be happy to see both sources of income, I'm sure.

JOHN MACDONELL: I'm sure the people getting it would be too. My last question for now is, benefits that go to the family, counselling and training, do those things cease when the member is deceased? If that person were to come to an untimely death, do any of those benefits still go on to the family or is it only while they're alive?

BARRY GALLANT: If the veteran dies because of service, for sure they get them.

JOHN MACDONELL: If they leave the service and die . . .

BARRY GALLANT: Die later on? They definitely get the financial support. I'm not sure myself whether they get the rehab.

JOHN MACDONELL: I'm thinking of additional health benefits too.

PAUL BROWN: I think on the rehab - again, we're being trained as we go, so we're having to conjure this up on the spot - I think what we were taught was that with the rehab program, for example, if the member is unable to continue, finish, no reason why it couldn't be by death as well, I suppose, then the spouse or significant other would be entitled to have that benefit. For some of the other benefits, I'm not entirely sure.

JOHN MACDONELL: Okay, thank you.

DAVID WILSON: I have a couple of quick questions, I know we're tight for time. Both questions are regarding health benefits. The first one is on the long-term care facilities, such as Camp Hill. I know we've mentioned it before at this committee. Will the new classification of veterans qualify for those long-term care beds in facilities like Camp Hill?

BARRY GALLANT: No.

DAVID WILSON: Okay. Good answer and straight to it. The next question is around the health benefit coverage for the families. I'll give an example, and you may be

able to tell me if they still qualify. If a member leaves the service, gets another job, maybe for five years, two years, 10 days, has benefits through that job, loses his employment with that company, can the family come back at any time and apply for the health benefits?

BARRY GALLANT: As long as they have one of those - you know that complicated slide - if he has a rehab need. If there's something related to his service, then he could come back and apply for any of the benefits.

DAVID WILSON: Okay.

THE CHAIR: Thank you, Mr. Wilson. Mr. Gosse.

GORDON GOSSE: Thank you very much, Mr. Gallant. I really enjoyed the presentation. I thank you for coming to the committee and explaining this because we do get people coming into our office. I'm glad you keep referring to a knee because I'm working on a case now regarding a knee injury from the 1960s. In this case, the gentleman, Jack MacDonald, would he wait until the new program rolled out in April before trying to access this from his injury from his military days back in the 1960s? Is it beneficial for him to wait and try to access this as of April 1st?

BARRY GALLANT: We have been lectured on this one. Unfortunately, what we can give you, or him, is the information that we've given today. If he wants to drop in and see one of us, we'd be more than happy to give him more detail. We've been advised, as staff, that our role is to give the information we have and to let the members themselves decide what's the benefit, because in reality, if we go one way and further down the road they find it would have been better . . .

BERNARD BUTLER: The challenge is that there are financial implications of going one way or the other. Those often, in the normal course, are very individual-specific and, as Barry says, what we're trying to do is to ensure the member has all the information they need. They may then choose to consult with a financial adviser or to consider which might be for them in their circumstance the best route to go. We're very clear that we're trying to avoid giving directed advice, say go route A or B, because the implications may be significant.

GORDON GOSSE: This injury happened such a long time ago in a military career. As time has passed, osteoporosis and those types of things set in, directly related to that injury, and there's medical evidence for that injury. I'm just trying to figure out what . . .

BERNARD BUTLER: What you might do. As Barry says, we would strongly encourage you to have your constituent go into one of our district offices - we have pension staff in those offices who are very knowledgeable and could give some very good information about the issues around relating it to service, what might be required to do that, and then give him the information about the timing of his application.

GORDON GOSSE: I'm actually going to give him the package you presented to us today and tell him to make his own decision. Again, I see that you have a medical person on staff and I imagine with this all coming out - I know Paul and Gordon have been very good to this committee in the last couple of years that I've been here, on individual cases, so hopefully they won't have to access that service themselves, the stress they'll be under, I imagine, on April 1st. Again, I say thank you.

THE CHAIR: Thank you. I've already spoken to our clerk, Darlene, and with such a comprehensive program that you presented here today, I can see you being invited back after April in order to polish any glitches. I would strongly suggest that when you do that you bring Kim Cameron with you to keep you on track. Four guys there, and one lady who makes us look polished - we have Darlene Henry here who makes the chairman and the committee look efficient and I just want to publicly give credit to the women who make us look good. We do the legwork, but they put the polish to us.

Having said that, what I'm going to suggest is that Darlene make extra copies of this presentation and put them in the package with the minutes of today's meeting. That way - I have four Legions, John has five, and we have numerous ones around - if we were to give three or four copies of this to the service officers in each Legion, then they would have it to follow along with. I would like to have some in my own constituency office as well. You probably have pamphlets available on these programs?

BERNARD BUTLER: We do.

THE CHAIR: Maybe you could send those along to the committee and we will receive them all with our package?

BERNARD BUTLER: We'll follow up, Mr. Chairman, with Darlene to ensure she has some information that she can share with you and you, in turn, can share with your constituents.

THE CHAIR: I would appreciate that. That will keep us all informed and it will help work out the glitches as the program unfolds. With that, I want to thank you for the presentation and for keeping within the time frame and allowing us to receive the information in a timely fashion. Thank you very much, I'm looking forward to having you back at a later time.

BERNARD BUTLER: Thank you. We do, indeed, look forward to the opportunity to come back, as you suggested, after April 1st.

THE CHAIR: Just for the benefit of the members, kudos to Darlene here. I will be presenting the Standing Committee on Veterans Affairs Annual Report in the Legislature today on behalf of all her good work.

With that, the next meeting will be Thursday, February 9, 2006 - put that in your daybooks, please.

We stand adjourned.

[The committee adjourned at 9:59 a.m.]